No. 2
—5-42
5-17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2082

Registration District No. 42 Primary Registration District No. 4052 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Agency
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town AGENCY
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS. BARNETT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nellie BARNETT

6. (c) Age of husband or wife if alive ~~70~~ years

7. Birth date of deceased NOVEMBER (Month) 5 (Day) 1870 (Year)

8. AGE: Years 75 Months 2 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Buchanan Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JESSE BARNETT
13. Birthplace — — — (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name DON'T KNOW
15. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)

16. (a) Informant MARY JANE ARNOLD
(b) Address AGENCY, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN. 27, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation AGENCY CEMETERY

18. (a) Signature of funeral director H. A. Greene
(b) Address GOWER, MISSOURI

19. (a) Jan. 29 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 25 year 1946 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 24, 1946, to Jan 24, 1946, that I last saw him alive on Jan 24, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 hrs.
Due to: Hypertension	unknown
Due to: Arteriosclerosis	unknown
Other conditions (Include pregnancy within 3 months of death): Coronary thrombosis	unknown

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature Maxwell Day (M. D. ~~or other~~)
Address 218 N 7th St. Joseph Mo. Date signed 1-26-46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Gower Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.